



What can living with a critical illness mean to you?

Daily out-of-pocket expenses for fighting the disease while still paying your bills!



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PRESCRIPTIONS

Benefit coverage for:

METRO Employees

Group Critical Illness Insurance

Provides lump-sum cash benefits that can help with daily expenses

Group Voluntary Critical Illness coverage from Allstate Benefits pays a lump-sum cash benefit to help you cover the out-of-pocket expenses associated with a critical illness.




Metro


group critical illness

No one knows what lies ahead on the road through life. Will you be diagnosed with cancer? Will you suffer a stroke, heart attack or the complete loss of hearing? The signs pointing to a critical illness are not always clear and may not be preventable, but our coverage can help offer financial protection in the event you are diagnosed.

Critical illness coverage can help offer peace of mind when a critical illness diagnosis occurs. Below is an example of how benefits might be paid.[†]



The employee chooses benefit coverage under his **Employer Approved Plan**




Three months after his annual wellness exam, the employee suffers a heart attack and is hospitalized for three days.

The employee continues to receive annual wellness exams. Three years later the employee is diagnosed with cancer and is hospitalized for three days. The employee is expected to make a full recovery.

Four months later the employee has another heart attack, is admitted to the hospital for three days and undergoes coronary artery bypass surgery.

Our Critical Illness insurance policy provided the following:

Wellness	\$ 200
Cancer	\$ 10,000
Heart Attack	\$ 10,000
Second Event	\$ 10,000
Bypass Surgery	\$ 2,500
Total Benefits:	\$32,700



[†]The example shown may vary from the plan your employer is offering. Your individual experience may also vary.

meeting your needs

Our critical illness coverage helps offer financial support should a covered illness be diagnosed.

- Guaranteed issue amounts available — which means no evidence of insurability required
- 4 Benefit Categories plus an Additional Wellness Benefit
- Benefits paid directly to you
- Coverage supplements your existing medical benefits
- Covered dependents receive 50% of your basic-benefit amount
- Premiums are affordable
- Continuation of coverage

your benefit coverage

A percentage of the basic-benefit amount is payable for each covered person in the Initial Critical Illness benefits, Cancer Critical Illness benefits, Second Event benefits, Supplemental Critical Illness benefits, and an Additional benefit. **Benefit amounts are shown on pages 2a and/or 2b.** See pages 3 and 4 for terms and conditions and state variations.

INITIAL CRITICAL ILLNESS BENEFITS

Heart Attack (100%) - Pays a benefit when you have a heart attack. (A cardiac arrest is not a heart attack, and is not covered by this benefit.)

Stroke (100%) - Pays a benefit when you have a stroke.

Coronary Artery Bypass Surgery (25%) - Pays a benefit when you have coronary artery bypass surgery.

Major Organ Transplant (100%) - Pays a benefit when you have a heart, lung, liver, pancreas or kidney transplant (must be a human donor).

End Stage Renal Failure (100%) - Pays a benefit when you have peritoneal dialysis or hemodialysis.

Waiver of Premium (Employee only) - Pays your premium if you are disabled for 90 days in a row, due to a critical illness, as long as the disability lasts, up to 2 years.

CANCER CRITICAL ILLNESS BENEFITS

Invasive Cancer (100%) - Pays a benefit when you are diagnosed with invasive cancer (includes Leukemia and Lymphoma).

Carcinoma in Situ (25%) - Pays a benefit when you are diagnosed with cancer in situ.

Wellness tests
annually



A doctor visit
is scheduled



Tests are run and
results received



You get \$50
cash benefit

SECOND EVENT BENEFITS

Second Event Initial Critical Illness Benefit - Pays a benefit when you are diagnosed for the second time with a previously paid Initial Critical Illness Benefit.

Second Event Cancer Critical Illness Benefit - Pays a benefit when you are diagnosed for the second time with a previously paid Cancer Critical Illness Benefit.

SUPPLEMENTAL CRITICAL ILLNESS BENEFITS II

Advanced Alzheimer's Disease (25%) - Pays a benefit when you are diagnosed with Alzheimer's by a psychiatrist or neurologist.

Advanced Parkinson's Disease (25%) - Pays a benefit when you are diagnosed with Parkinson's by a psychiatrist or neurologist.

Benign Brain Tumor (100%) - Pays a benefit when you are diagnosed with a brain tumor by biopsy, surgery or examination.

Coma (100%) - Pays a benefit when you are unconscious more than 14 consecutive days, due to sickness or brain injury (a medically induced coma is not covered).

Complete Blindness (100%) - Pays a benefit when you are diagnosed with irreversible loss of sight in both eyes by an ophthalmologist.

Complete Loss of Hearing (100%) - Pays a benefit when you are diagnosed with total and irreversible loss of hearing in both ears.

Paralysis (100%) - Pays a benefit when you suffer a complete and permanent loss of use of two or more limbs.

ADDITIONAL BENEFIT

Wellness Benefit - Pays a benefit annually when you receive one of the following:

- Biopsy for skin cancer
- Blood test for triglycerides
- Bone Marrow Testing
- CA15-3, CA125, CEA and PSA (blood tests for breast, ovarian, colon and prostate cancer)
- Chest X-ray
- Colonoscopy

- Doppler screenings for carotids and peripheral vascular disease
- Echocardiogram
- EKG (Electrocardiogram)
- Flexible sigmoidoscopy
- Hemocult stool analysis
- HPV Vaccination (Human Papillomavirus)
- Lipid panel (total cholesterol count)
- Mammography, including Breast Ultrasound
- Pap Smear, including ThinPrep Pap Test
- Serum Protein Electrophoresis (test for myeloma)
- Stress test on bike or treadmill
- Thermography
- Ultrasound screening for abdominal aortic aneurysms

CERTIFICATE SPECIFICATIONS

Your Eligibility - Your employer decides who is eligible for your group (such as length of service and hours worked each week). Issue ages are 18 and over.

Dependent Eligibility/Termination - (a) Family members eligible for coverage are your spouse and children. (b) Coverage for children ends when the child reaches age 26, unless he or she continues to meet the requirements of an eligible dependent. (c) Spouse coverage ends upon valid decree of divorce or your death.

Termination of Coverage - Your coverage under the policy ends at the earliest of: the policy is canceled, you stop paying your premium, last day of active employment, you are no longer eligible, a false claim is filed, or when all critical illness benefits have been paid.

Continuation of Coverage - You may be eligible to continue your coverage when coverage under the policy ends. Details of your options are explained in the Continuation provision in your certificate of coverage.

BENEFIT CONDITIONS

Benefits are not payable for any critical illness diagnosed prior to the effective date. Benefits are subject to exclusions and limitations. All critical illnesses must meet the definitions and dates of diagnoses stated in the policy and be diagnosed by a physician while coverage is in effect. The date of diagnosis for each illness must be separated by 90 days. Emergency situations while you are outside the U.S. will be considered when you return to the U.S.

Recurrence of Cancer - Cancer critical illness benefits are payable for a diagnosis of a recurrence of cancer, as long as you are diagnosed after the effective date of coverage, and have been free of any symptoms and treatment of cancer for 12 consecutive months immediately preceding the effective date of coverage, or any 12 consecutive months thereafter.

Exclusions and Limitations - We do not pay benefits for: (a) war, participation in a riot, insurrection or rebellion; (b) intentionally self-inflicted injury or action; (c) illegal activities or occupations; (d) suicide while sane, or self-destruction while insane, or any attempt at either; or (e) substance abuse, including alcohol, alcoholism, drug addiction, or dependence upon any controlled substance.

Stroke Exclusions - Does not include: Transient ischemic attacks (TIAs), head injury, chronic cerebrovascular insufficiency and reversible ischemic neurological deficits.

Coronary Artery Bypass Surgery Exclusions - Does not include: abdominal aortic bypass, balloon angioplasty, laser embolectomy, atherectomy, stent placement, or other non-surgical procedures.

Invasive Cancer Exclusions - Does not include: carcinoma in situ, tumors related to HIV, non-invasive or metastasized skin cancer, or early prostate cancer.

Carcinoma in Situ Exclusions - Does not include: other skin malignancies, pre-malignant lesions (such as intraepithelial neoplasia), or benign tumors or polyps.

Second Event Initial Critical Illness Benefit Conditions - There must be at least 12 months between each diagnosis. A covered person can receive a Second Event Benefit only once for each initial critical illness.

Second Event Cancer Critical Illness Benefit Conditions - There must be at least 12 months between each diagnosis. Not payable if the covered person receives treatment during that 12-month period. "Treatment" does not include maintenance drug therapy or routine follow-up office visits. A covered person can receive the benefit only once for each cancer critical illness.

Advanced Alzheimer's Disease Conditions - Must have impaired memory and judgment, and be unable to perform 3 or more daily activities.*

Advanced Parkinson's Disease Conditions - Must have 2 or more physical signs and be unable to perform 3 or more daily activities.*

*Daily activities are: bathing, dressing, toileting, continence, transferring and eating.

Benign Brain Tumor Exclusions - Does not include: tumors of the skull, pituitary adenomas, or germinomas.

STATE VARIATION

Missouri (change affects page 4) - In the **Exclusions and Limitations** paragraph, item (d) is replaced with: suicide while sane, or self destruction, or any attempt at either.

This material is valid as long as information remains current, but in no event later than September 30, 2017.

Group Critical Illness benefits provided by policy form GVCIP2, or state variations thereof.

Coverage is provided by Limited Benefit

Supplemental Critical Illness Insurance. The policy does not provide benefits for any other sickness or condition. The policy is not a Medicare Supplement Policy. If eligible for Medicare, review Medicare Supplement Buyer's Guide available from Allstate Benefits.

This brochure highlights some features of the policy but is not the insurance contract. For complete details, contact your Allstate Benefits Agent. This is a brief overview of the benefits available under the Group Voluntary Policy underwritten by American Heritage Life Insurance Company (Home Office, Jacksonville, FL). Details of the insurance, including exclusions, restrictions and other provisions are included in the certificates issued.

The coverage does not constitute comprehensive health insurance coverage (often referred to as "major medical coverage") and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

This brochure is for use in the METRO enrollment, which is situated in: MO



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Benefit coverage for:
METRO Employees
 group voluntary critical illness
 benefit amounts

	LOW	HIGH
INITIAL CRITICAL ILLNESS BENEFITS		
Heart Attack (100%)	\$10,000	\$20,000
Stroke (100%)	\$10,000	\$20,000
Coronary Artery Bypass Surgery (25%)	\$2,500	\$5,000
Major Organ Transplant (100%)	\$10,000	\$20,000
End Stage Renal Failure (100%)	\$10,000	\$20,000
Waiver of Premium (employee only)	Yes	Yes
CANCER CRITICAL ILLNESS BENEFITS		
Invasive Cancer (100%)	\$10,000	\$20,000
Carcinoma in Situ (25%)	\$2,500	\$5,000
SECOND EVENT BENEFITS		
Second Event Initial Critical Illness Benefit ¹	Yes	Yes
Second Event Cancer Critical Illness Benefit ²	Yes	Yes
SUPPLEMENTAL CRITICAL ILLNESS BENEFITS II		
Advanced Alzheimer's Disease (25%)	\$2,500	\$5,000
Advanced Parkinson's Disease (25%)	\$2,500	\$5,000
Benign Brain Tumor (100%)	\$10,000	\$20,000
Coma (100%)	\$10,000	\$20,000
Complete Blindness (100%)	\$10,000	\$20,000
Complete Loss of Hearing (100%)	\$10,000	\$20,000
Paralysis (100%)	\$10,000	\$20,000
ADDITIONAL BENEFIT		
Wellness Benefit (per year)	\$50	\$50

¹Pays same amount as Initial Critical Illness Benefit ²Pays same amount as Cancer Critical Illness Benefit

weekly premiums

LOW PLAN - \$10,000 BASIC BENEFIT AMOUNT

non-tobacco

AGES	EE	EE + SP	EE + CH	F
18-29	\$1.24	\$2.00	\$1.24	\$2.00
30-39	\$2.16	\$3.38	\$2.16	\$3.38
40-49	\$3.94	\$6.05	\$3.94	\$6.05
50-59	\$6.94	\$10.56	\$6.94	\$10.56
60-63	\$11.25	\$17.01	\$11.25	\$17.01
64+	\$14.70	\$22.19	\$14.70	\$22.19

tobacco

AGES	EE	EE + SP	EE + CH	F
18-29	\$1.81	\$2.85	\$1.81	\$2.85
30-39	\$3.35	\$5.16	\$3.35	\$5.16
40-49	\$6.95	\$10.57	\$6.95	\$10.57
50-59	\$11.70	\$17.69	\$11.70	\$17.69
60-63	\$19.24	\$29.01	\$19.24	\$29.01
64+	\$25.41	\$38.26	\$25.41	\$38.26

EE = Employee; EE + SP = Employee + Spouse; EE + CH = Employee + Child(ren); F = Family
 Issue Ages: 18 and over if Actively at Work

Additional premiums listed on reverse.



Metro

weekly premiums

HIGH PLAN - \$20,000 BASIC BENEFIT AMOUNT

non-tobacco

AGES	EE	EE + SP	EE + CH	F
18-29	\$2.18	\$3.41	\$2.18	\$3.41
30-39	\$4.04	\$6.19	\$4.04	\$6.19
40-49	\$7.60	\$11.54	\$7.60	\$11.54
50-59	\$13.60	\$20.54	\$13.60	\$20.54
60-63	\$22.20	\$33.45	\$22.20	\$33.45
64+	\$29.11	\$43.81	\$29.11	\$43.81

tobacco

AGES	EE	EE + SP	EE + CH	F
18-29	\$3.33	\$5.13	\$3.33	\$5.13
30-39	\$6.40	\$9.75	\$6.40	\$9.75
40-49	\$13.61	\$20.56	\$13.61	\$20.56
50-59	\$23.10	\$34.79	\$23.10	\$34.79
60-63	\$38.20	\$57.44	\$38.20	\$57.44
64+	\$50.53	\$75.93	\$50.53	\$75.93

EE = Employee; EE + SP = Employee + Spouse; EE + CH = Employee + Child(ren); F = Family

Issue Ages: 18 and over if Actively at Work



Allstate
BENEFITS

This insert is for use in: MO

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